

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582068

FILING DATE

APPLICANT(S)

Art 34 Amdt CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		3		3		
6		3		3		
7		3		3		
8		3		3		
9		3		3		
10		3		3		
11		3		3		
12		0		0		
13		0		0		
14		0		0		
15		0		0		
16		0		0		
17		0		0		
18		0		0		
19		0		0		
20		0		0		
21		0		0		
22		0		0		
23		0		0		
24		0		0		
25		0		0		
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27		0		0		
28	1		1			
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48						
49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						